



**Kingston  
Clinical Commissioning Group**

**Public Sector Equality Duty  
Equality Act 2010  
Compliance Report January 2016  
Covering the period 2014/15**



**Kingston  
Clinical Commissioning Group**



Michelle Johnson  
Equality Lead

This document is available in other languages and formats on request.  
This document forms part of Kingston CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities.

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## **1. Equality Act 2010 Compliance**

### *1.1 Legal Framework*

The public sector equality duty consists of a general duty, which is set out in section 149 of the Equality Act 2010, and specific duties which are imposed by secondary legislation. The general equality came into force 6 April 2011.

The Equality Act 2010 (specific duties) Regulations 2011 requires Kingston Clinical Commissioning group (KCCG) to publish relevant, proportionate information, demonstrating their compliance with the Equality Duty imposed by section 149(1) of the Equality Act 2010 at intervals of not greater than one year from the date of the last publication.

The information should show that KCCG must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The information must include information on the effect that the policies/practices have had on people who share a relevant characteristic.

To include:

- Evidence of analysis that they have undertaken
- Details of the information that they considered
- Details of engagement that they undertook

## **2 About Kingston Clinical Commissioning Group**

### *2.1 Kingston Clinical Commissioning Group (KCCG) Profile*

The Royal Borough of Kingston upon Thames is located in South West London and shares borders with Wandsworth, Richmond, Sutton, Merton and Surrey. It has the smallest population of any of the boroughs in London (apart from the City of London) and covers an area of 38.66 square kilometres, which makes it the seventh smallest borough in terms of its geographical area.

Kingston comprises 16 wards which are combined to form 4 neighbourhoods:

- Kingston Town
- Surbiton
- Maldens and Coombe
- South of the Borough

The Black and Minority Ethnic (BME) population is higher to the east of the borough than the west and south. The Korean population in New Malden is estimated to be the largest in Europe.

Kingston's small population has benefits in that the local statutory sector is less complex than in most other areas and it is easier to be aware of key healthcare players with an interest in or responsibility for a particular service. In recent years the borough's population has continued to grow and is expected to increase for the foreseeable future.

Between 2001-2011, the population of Kingston became more ethnically diverse (2011 Census), with the proportion of Black and Minority Ethnic (BME) groups rising from 16% to 26%. The main BME groups in the borough are Korean and Tamil. On average, people in Kingston have a longer life expectancy than those found in England. The Indices of Deprivation ranks Kingston upon Thames as the 3rd least deprived local authority in London (only the City of London and Richmond are ranked higher).

The overall vision espoused by KCCG in its Strategic Commissioning Plan is to improve the health of people in Kingston by improving the quality of services, reducing health inequalities and preventing ill health.

KCCG has focused this report on the core business areas of the organisation:

- Primary Care Development
- Kingston Coordinated Care
- Consultation and Engagement
- Complaints / Patient Advice and Liaison Service (PALs) / Serious Incidents / Safeguarding
- Contracts and Tenders
- Performance Monitoring Community Commissioning

### *2.2 Equality and Diversity Structures*

Equalities and Diversity is represented at Committee level by the Equality Lead of the Equalities and Diversity group. Equalities and Diversity is regularly addressed at Integrated Governance Meetings and E&D considerations are taken into account in Board decision making.

### 2.3 Policies and Guidance

KCCG has an Equality Delivery System to meet the Public Sector Equality Duty (PSED) objectives and the induction procedure and guidance includes Equality training and reference to all nine protected characteristics.

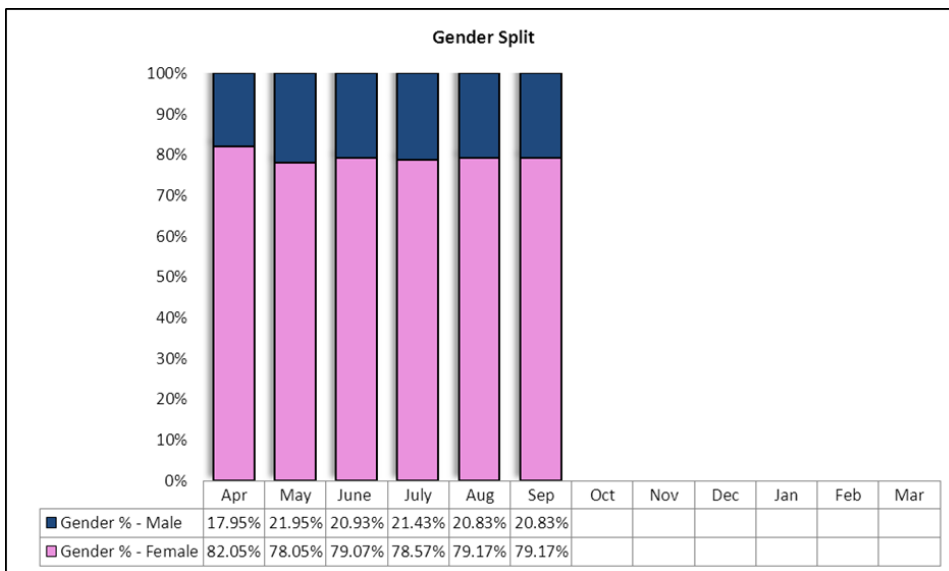
Managers and staff have a joint responsibility to ensure that no employee or job applicant is discriminated against, or harassed in relation to any of the 'protected characteristics' as defined by the Equality Act 2010. Managers and staff also have a joint responsibility in the course of their work to protect service users from being discriminated against in relation to a 'protected characteristics' as defined by the Equality Act 2010.

### 2.4 Workforce Data

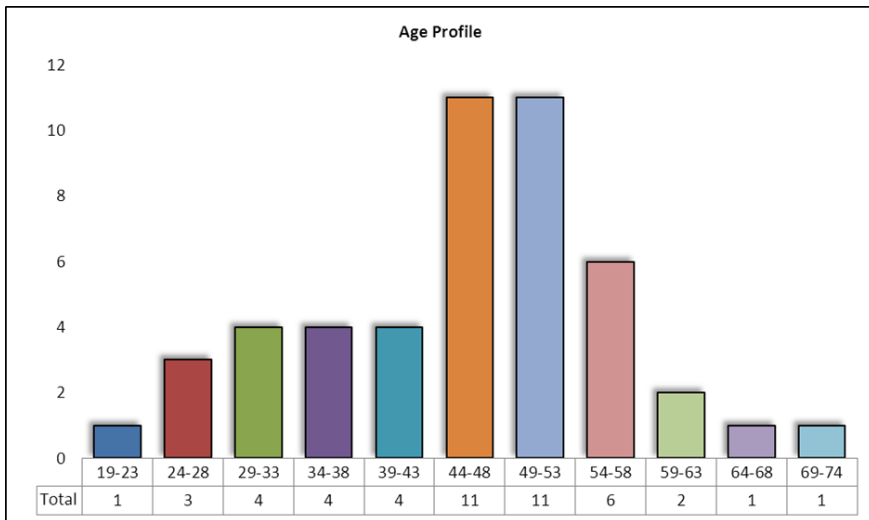
The SW London Commissioning Support Unit collects staff data for the CCG. The data is used to monitor the profile of staff to identify areas of disproportionality and for workforce planning. The data is regularly incorporated into quarterly Information Governance reports for submission to the Integrated Governance Committee.

Kingston CCG is committed to equality in its workforce. In 2016 we will measure our performance against the Workforce Race Equality Standard.

Currently, 48 staff are employed within the organisation. The data available are as follows:



**Gender:** The majority of KCCG staff remains female at 79.17% of the workforce, with a similar pattern noted in the January 2015 report.

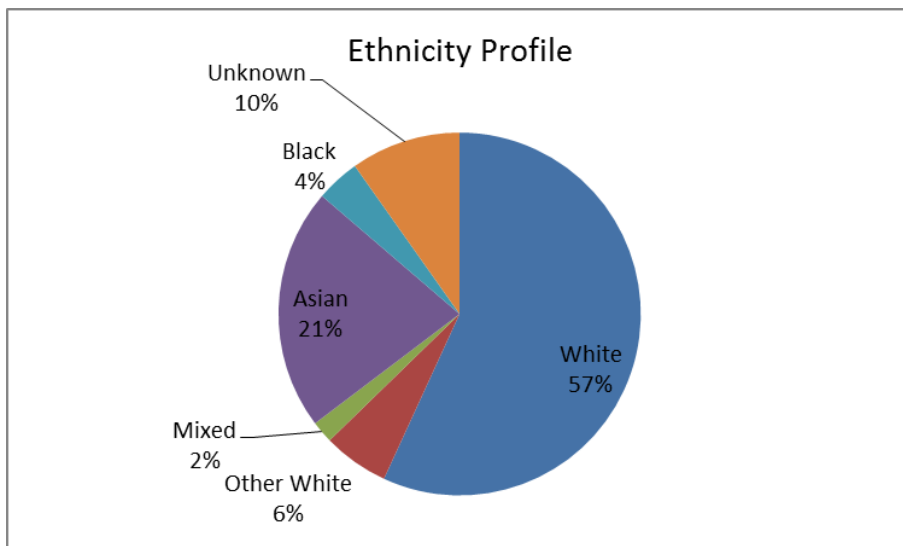


**Age:** Staff from all age groups are employed within the CCG. While the highest proportion of staff shifted from within the 46-50 age band to 51-55 in the period 2013/14, for 2014/15 the largest representation fell within 44-48 and 49-53. There is one staff member in the 69-74 age group and 1 in the 19-23 range.

**Disability:** 4% of staff compared with 5.13% identified themselves as having a disability, while 67% stated they do not have a disability with 8% not declaring and 21% reported as 'undefined'.

**Religion:** 10% of staff chose not to disclose their religion/belief followed by 4.8% disclosing Christianity, 4.8% 'undefined' with the smallest proportions (.48%) disclosing Islam or 'other'.

**Sexuality:** The majority of staff chose not to disclose their sexual orientation (44%) or were 'undefined' (21%). 35% were reported as heterosexual.



**Ethnic Origin:** The proportion of staff declaring a White British ethnicity fell from 66.67% to 56.86% between 2014 and 2015. The next largest ethnic group remained Asian. Data this year reflects a sharp rise in recruitment in this group bringing the proportion from 7.69% (2014) to 21.57% (2015). Staff from black backgrounds showed a slight proportional increase to 3.92%, although the figures

provided have not been disaggregated by Caribbean versus African origin. 9.81% of staff did not declare their ethnicity. (The figures in the pie chart have been rounded).

## 2.5 *Equality Objectives 2013-2017*

In April 2013 the CCG approved the following equality objectives for the period 2013-2017.

### **1. Patient Engagement/Communications**

Changes across services for individual patients are discussed with them, and transitions are made smoothly to ensure KCCG strategy, campaigns and messages reach all parts of the community, including staff.

### **2. Patient Safety**

The safety of patients is prioritised and assured.

### **3. Capturing / monitoring data**

Equality and diversity data is monitored appropriately and used to improve and/or amend services and to identify and address gaps.

The Equality Delivery System 2 (EDS2), developed by the NHS Equality and Diversity Council, is a refreshed framework for NHS organisations to promote equality in their core business and deliver better outcomes for patients, communities and staff. EDS2 was implemented with a focus on the following service areas: Increasing Access to Psychological Therapies Service (IAPT), Early Intervention Service (EIS) and the Sexual Health Service at Kingston Hospital.

External grading was completed for these service areas on 8<sup>th</sup> December 2015.

The EDS consists of grading equality performance against 18 outcomes. The EDS enabled commissioners and providers to identify objectives that we can focus on and make real improvements. A summary of the grading outcomes are included in Appendix 1.

The CCG will take a phased approach to the roll out EDS2 implementation to the other services we commission.

## **3 Communications and Engagement**

Michelle Johnson, PPI & Equality lead

Angela Basoah, Interim Head of Communications and Engagement

### *3.1 Summary*

We have aimed to consolidate our existing communications and engagement channels during 2014-15.

Plans are in place to refresh the communications and engagement strategy which involves establishing mechanisms to ensure patients can influence decisions upstream. The Communications and PPI leads continue to work together in delivering a programme of engagement and communications activities. Strides have been made in partnering with external stakeholders and grassroots community groups to widen the CCG's engagement with the diverse range of populations in Kingston.



The Communications team has worked with the Equalities lead to ensure the CCG strengthens its links with seldom heard groups and enables these groups to access key CCG consultation and engagement activity. For example, the team held sessions with marginalised groups (e.g. local refugees, homeless and Traveller groups during the consultation into proposed changes to urgent care services in Gosbury Hill).

### 3.2 *Evidence of Engagement reaching groups with protected characteristics*

- 1) Communication & Engagement Strategy –is available online and continues to be developed and built on, working with partners and stakeholders including Kingston CCG’s Patients, Carers and Public Forum. In May 2015, an engagement summit took place bringing together local statutory and community stakeholders and service users to share engagement initiatives and discuss a collaborative approach for patient and public engagement on health issues in the borough.
- 2) An engagement pro-forma to accompany new service proposals is submitted with commissioning board reports. This includes demonstrating how seldom heard groups have been involved in commissioning plans using the range of channels available
- 3) Communications and engagement teams led on two major Public consultations in 2015 – consultation into the transformation of in patient mental health services across 5 boroughs and regarding proposals to re-locate urgent care services from Gosbury Hill to Surbiton Health Centre. Local communications and engagement plans and activities were developed to pro-actively target people from marginalised / seldom heard groups identified to be affected by the proposals including traveller communities, refugees, homeless people and others e.g. a local Korean group
- 4) Involving patients in service design and evolution is very much a core aspect of the CCG’s engagement strategy. Working with Royal Borough of Kingston (RBK), Kingston CCG commissioned ‘Customer Voice’ a large scale project. A number of CCG service design and work groups have lay members on them such as the Urgent Care and Systems Resilience Group and the Community Ophthalmology Service redesign group. We will actively monitor the make-up of our lay representation to highlight any gaps or under-representation of particular characteristics. There has been outreach to the community development network group via the Equality and Community Engagement Team (ECET) to invite participants from less well heard communities to engage in our avenues for patient engagement.
- 5) Communications and Engagement - We have developed a strategic approach to meeting with different groups including working very closely with RBK Equalities and Community Engagement Team (ECET). We are currently extending our work to align more closely with the RBK engagement teams and neighbourhood management and Health Watch to enable more rounded engagement with a wider cross-section of people in Kingston.
- 6) We rejuvenated the quarterly patient, public and carers group by aligning themes for each Forum with a topical corporate issue. Feedback received from service user engagement is routinely analysed and used to inform and influence CCG service plans.

- 7) Communications channels- we continue to publicise commissioning Plans and campaigns supporting NHS priorities including, Stay Well this Winter, Wasted Medicines Waste Money, Self-care week, November and Stoptober. Our channels include – the Kingston CCG website, social media (Twitter and Facebook), stakeholder meetings and electronic briefings to patients and public, including voluntary organisations representing hard to reach groups.
- 8) We have commenced equality monitoring at our events to measure the diversity of people in attendance. This data is inevitably limited in that attendees are under no obligation to give data on their protected characteristics and in most cases decline from doing so. The data that has been collected is attached in appendix 2 but represents a tiny proportion of people who attended our events.

### 3.3 *Areas to Address*

We continue to review different ways to ensure that all parts of the community (including young people and minority groups) are actively engaged in Kingston CCG's commissioning decisions. In particular, we are actively developing more effective collaborations with borough partners for engagement in 2015/16.

## 4 **Serious Incidents, Safeguarding, Complaints**

Laura Jackson, Quality Manager

Andrea Knock, Designated Nurse for Safeguarding and Looked After Children

Peter Warburton Lead nurse for adult safeguarding

### 4.1 *Serious Incidents*

In April 2013 Kingston CCG as a lead commissioner took over the serious incident (SI) management function for its providers, namely:

- Kingston Hospital Foundation Trust
- Your Healthcare Community Interest Company (CIC)
- South West London and St George's Mental Health Trust, recently transferred to Merton CCG

As an associate commissioner for other providers i.e. St George's hospital the relevant lead commissioner (which would be another CCG) will monitor these through the appropriate Clinical Quality Review Groups (CQRGs) and liaise with Kingston CCG's Quality Manager.

All SIs from NHS providers reported onto STEIS are overseen by Kingston CCG's Quality Manager who uses the NHS England SI framework (2015) for monitoring progress with the investigation, the Root Cause Analysis (RCA) report and action plan. The Quality Manager reviews the entire SIs for themes which are discussed at the relevant Clinical Quality Review Groups.

Local management of SIs enables the CCG to scrutinise SI alerts and reports in a timely manner and triangulate with other patient data including PALS and complaints. This allows us to see if any group is disadvantaged or impacted upon.

## 4.2 *Safeguarding - Adults*

Kingston CCG ensures that it complies with its equality duties by making sure that all services it commissions have safeguarding at their core.

Kingston CCG ensures that Adult Safeguarding is addressed in the NHS Standard Contract 2014/15 Service Conditions in SC13 Equity of Access, Equality and Non-Discrimination. Reporting from Health Service providers is monitored via Clinical Quality Review Groups

All commissioned services work together to support safeguarding of adults and have the necessary locally agreed policies and procedures. The CCG gains assurance that our providers safeguard adults at risk through structured mechanisms that are then monitored through the local safeguarding boards.

Kingston safeguarding adult's board and sub groups are supported with appropriate health representation to provide advice, recommendations and support action.

The CCG safeguarding policies are currently being reviewed to ensure that they are in keeping with the equality duty requirements.

## 4.3 *Safeguarding – Children*

Safeguarding aims to support children to live a life that is free from abuse and neglect and involves a range of measures taken to protect them in the most vulnerable circumstances. Kingston Clinical Commissioning Group has child safeguarding as one of its highest priorities.

We are committed to working closely with the Royal Borough of Kingston upon Thames and local healthcare providers in preventing abuse of children in all areas where health and social care is provided for Kingston residents. We do this by working in partnership to ensure the services we commission are safe and compliant with all statutory safeguarding regulations. We have put in place safeguarding procedures to recognise report and respond to safeguarding issues promptly. Abuse can happen to any individual from any family regardless of their age, culture, disability, gender, racial origin, language, religious belief or sexual orientation. There may be a risk for example, of physical abuse, sexual abuse or neglect. They may be a victim of domestic violence, forced marriage or at risk from Female Genital Mutilation (FGM).

All children have a right to grow up safe from harm and to have adequate provision to safeguard and promote their welfare. Abuse and neglect can happen to children from all cultures, in order to make sensitive and informed professional judgements about an individual child's needs, it is important that all those working with children are sensitive to differing child rearing patterns that vary across different racial, ethnic and cultural groups.

Kingston Clinical Commissioning Group (CCG) through pro-active commissioning aims to reduce and where possible eliminate discrimination on the grounds of race, gender, disability, age, religion, ethnicity or sexual orientation ensuring all groups are respected and included. All statutory agencies involved in safeguarding children and young people across The Royal Borough of Kingston, are committed to the principles of equality, diversity and human rights. In regard to children, Kingston CCG recognises that equality of opportunity does not mean that all children are treated the same. Through contractual arrangements the CCG

requires service providers to understand and work sensitively and knowledgeably with diversity in order to identify the particular issues for a child and his/her family, taking account of experiences and family context when providing a service to meet need.

The principle of equality of opportunity for all is echoed in all national legislation and guidance that underpins the safeguarding work across The Royal Borough of Kingston. The Children Act 2004 states that the interests of children and young people are paramount in all considerations of welfare and safeguarding and that safeguarding children is everyone's responsibility. It seeks to emphasise the importance of inter-agency work and cooperation in meeting the needs of children; ensure that children's views are ascertained and represented; and improve outcomes for all children by focusing services more effectively around the needs of children, young people and families.

Working Together to Safeguard Children 2013 (par. 15) states: 'Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This guides the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs'. This child centred approach is supported by The Equality Act 2010, which states that the responsibility sits with public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This means that no child or group of children should be treated any less favourably than others with accessibility to effective services which meet their distinct needs. This is supported in the United Nations Convention on the Rights of the Child (UNCRC), which protects the rights of children and provides a child-centred framework for the development of services, The London Child Protection Procedures and the Organisations Safeguarding Children through Commissioning policy and in the NHS Standard Contract 2014/15 Service Conditions in SC13 Equity of Access, Equality and Non-Discrimination.

Kingston CCG has membership on the Local Safeguarding Children Board (LSCB) whose function is to improve the overall wellbeing of children in the local area. The board is made up of representatives from across the Royal Borough of Kingston who have a role to play in the welfare of children. Members include representatives from the local authority, and others who have a strategic role in child welfare within their organisation. Statutory members represent organisations who will carry out the functions of the board, for instance, police and fire chiefs, representatives from district councils, NHS Trusts, and others.

#### *4.4 Key Gaps*

Collecting equality data is an important objective for us. Although there are examples of how Kingston CCG tries to capture this data this area needs to be developed further. Plans are being agreed to address this.

## 5 Performance Monitoring

Brian Roberts

Performance and Information Lead

### 5.1 *Why it is important to consider equality in performance*

Achievement of outcome measures and the intelligent analysis of information provide assurance that the commissioning activity the CCG is engaged in has and will improve the health outcomes of the population in Kingston. Whilst Performance has been successfully maintained over recent years, it is still imperative that any performance standards set do not rely on interfacing with a large proportion of the population only, but seek to improve healthcare outcomes across the whole of Kingston.

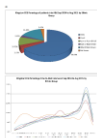
### 5.2 *What we are doing to promote equality*

The JSNA is an integral part of establishing whether all parts of the population are accessing services and contributing to the achievement of performance targets equally. Where there are apparent differences amongst populations in accessing services, targeted work aimed at improving access is carried out.

### 5.3 *Evidence of equality in performance data*

Detailed information on accident and emergency attendances, outpatient attendances and operations that take place in a hospital setting are sent to commissioners via the Secondary User Service (SUS) portal, which contains information on ethnicity, gender and age by which we ascertain how services are being utilised:

[Kingston reports on achievement against the performance measures across the whole organisation on a monthly basis:](#)



### 5.4 *Areas to address*

- Lack of ability to drill down in some performance data to identify the profile of patients who contribute to the achievement of the performance to ensure equity of access for all parts of the population.
- Inability to interrogate qualitative information from National Surveys (such as the National GP Practice Survey or the Friends and Family Test) to ensure that there is no disparity in patient experience between differing people groups.
- The population of the some data fields for equality information within SUS needs to be improved (e.g. marital status), and some equality characteristics would need to be added to ensure a better understanding of any potential differential access to services, without small numbers making the information potentially identifiable upon publication.

## 5.5 *Examples of performance measures that reflect improved outcomes for groups with protected characteristics*

Achievement of performance measures that reflect improvements in health outcomes for historically disadvantaged parts of the population such as:

- Ensuring early access to treatment, both for elective operations (18 weeks) and ensuring that mental health service users are also seen by South West London and St Georges Mental Health Trust within the 18 week referral to treatment standards.
- Ensuring attainment of the 6 and 18 week IAPT waiting times standards in 2015-16.
- Improved access to psychological therapy services (IAPT services) by people from BME groups (NHS Outcomes Framework 2.10).
- Health-related quality of life for carers, aged 18 and above (NHS Outcomes Framework 2.15).

## 6. **Primary care**

Kathryn MacDermott, Head of Planning and Primary Care Development

Primary care in Kingston aims to deliver a high standard of care to all, across all protected characteristics.

### 6.1 *Why it is important to consider equality*

Primary care is often the first point of contact for people with the NHS and has a significant role to play in empowering people to look after their own health, stay healthy and well and enable them to become an active part of their local communities.

When people are not well, or living with long term conditions, such as diabetes, it is a primary care professional that will be providing the majority of their care and advice. If we do not ensure that our primary care service and staff are treating all with equality, respect, dignity and understanding this will have a direct impact on a person's health.

### 6.2 *What we are doing to promote equality*

We have drafted a Primary Care Strategy, with a view to developing the sector to increase its accessibility and improve the experiences of all patients who come into contact with services. In developing the strategy we engaged with a range of Kingston people and organisations to listen to the feedback, experiences, concerns and aspirations that patients and their carers have regarding Primary Care services. The strategy has also been informed by the themes that emerged from the Voice of the Customer Project.

KCCG is currently working with RBK on a joint Refugee Strategy that includes a dedicated chapter on access to primary care for refugees and asylum seekers.

Equalities awareness is a regular part of our Primary Care Educational sessions and we are currently exploring the potential to deliver a structured training programme jointly with Kingston voluntary and community sector.

Where we are considering changes to the Walk in Centre service currently located at Gosbury Hill we have made specific connections with the local traveller community who are high users of the existing service to ensure that proposed changes do not impact negatively on this community. Equality and Diversity was a thread that ran through the consultation with engagement activity targeted and tailored for protected characteristic groups identified in the Equality Analysis. The outcomes of the public consultation indicate that people do not want to lose the access to the extended primary care hours / appointments offered through a Walk in Centre. Thus, if the walk in centre is to be moved we will work with the other primary care providers in the same building to ensure that the extended primary care hours / appointments continue to be available.

We are currently promoting the availability of online appointment booking and ordering of repeat prescriptions. It is anticipated this will increase choice and access for patients who wish to use online services to book appointments and order repeat prescriptions. The advertising materials will be translated into the main languages spoken in Kingston and we are working with Kingston Refugee Council to develop a video with different languages spoken explaining how the local health services works.

The Head of Planning & Primary Care Development for Kingston CCG has made strong links with the CCG Equalities lead and jointly have established a Primary Care Patient Forum with an aim of strengthened links with seldom heard groups and has ensured these groups are accessed for key CCG consultation and engagement activity. There has been outreach to community development network via the Equality and Community Engagement Team (ECET) to recruit members from less well heard communities to join the Forum.

### *6.3 Evidence of equality*

The July 2015 GP Patient Survey includes the findings that over 80% of patients rated their care at the last GP appointment as either very good or good across the five domains of:

- Giving you enough time
- Listening to you
- Explaining tests and treatments
- Involving you in decisions about your care
- Treating you with care and concern.

### *6.4 Areas to address*

The results from the GP Patient Survey would indicate a very high level of satisfaction overall with GP care locally. However, the results are not disaggregated by protected group. We are aware that there are some variances in access to primary care services, which impact on patient experience and outcomes. KCCG will be taking a joint approach with RBK Public Health to provide targeted outreach, whether education, health promotion or services, to ensure that all Kingston communities receive the best primary care and achieve the best outcomes.

## **7. Kingston Coordinated Care** Rachel Bartlett, Director for Integrating Care

### *7.1 Why it is important to consider equality*

Kingston Coordinated Care (KCC) is an ambitious and innovative programme that brings together Adult Social Care, Kingston Clinical Commissioning Group, Your Healthcare CIC, Kingston Hospital NHS Foundation Trust, South West London and St. George's Mental Health NHS Trust, the voluntary sector, home care agencies, and GP Chambers (the federation of Kingston GPs). The programme aims to support the development of active and supportive communities in which people are enabled to stay healthy and well, living independently as part of a thriving and resilient community and; to develop truly customer-centred care that supports people with complex needs to achieve the best possible quality of life and the goals that matter to them with an increased focus on prevention, proactive care, and self-reliance. The programme has been developing along key work streams including Active and Supportive Communities and the Integrated Customer Journey.

In terms of Active and Supportive Communities, while commissioned services will cater to all eligible customers irrespective of their characteristics, a higher demand from those who are elderly, disabled, or carers is anticipated. Planning has been focused around mitigating any negative impact for the customers with these characteristics. It is recognised that if commissioners do not give due regard to protected characteristics it is likely to result in a direct adverse impact on the quality of services in KCC and on outcomes for customers. Therefore, particular focus will be given to ensure that Voluntary and Community Sector (VCS) groups (who will be commissioned to provide services under Active and Supportive Communities) are aware of obligations related to the Equality legislation. In working with VCS groups, as they change from being grant award service providers to commissioned service providers, commissioners will ensure that equalities are given due regard in the way services are delivered.

## *7.2 What we are doing to promote equality*

The development of KCC has been supported by an extensive program of customer and staff engagement referred to as the Customer Voice Project. Customers of health and social care services were invited to join the project using a population segmentation approach, which was designed to ensure representation from the protected characteristic populations.

Equality Impact Assessments (EIA) for KCC are currently being undertaken via individual work streams within the program. It is intended that an EIA will be carried out on the program as a whole following completion of EIAs on the individual work streams.

The gathering of equalities statistics has been gradual, with only data on age, sex, and ethnicity being collected during Paper-Based Testing. This has been expanded, although not to the full nine protected characteristics in the current Live Testing. The gap in data will be addressed in the next stage to include data collection covering all groups. To date Integrated Customer Journey EIA notes the same larger uptake in services by the elderly and those with disabilities as did the Active and Supportive Communities EIA. However, due to small cohorts of participants so far, both in the Paper-Based and Live Testing phases, general conclusions about demographics are not reliable. The continuing design of the new model of care reflects a high level of action learning. This includes learning from progressing EIAs. The drive for universality in the new model of care design is intended to ensure service access for all groups.



### 7.3 *Evidence of equality (in your area)*

What can certainly be noted in the case of KCC and its individual work streams is the continued monitoring of equalities and attempts to always improve and plan ahead for where equality issues may present themselves. This focus is something that will be taken forward into all KCC programme documents, plans, and evaluations.

## **8. Community Commissioning**

Julia Gosden, Director of Commissioning

### 8.1 *Why is it important to consider equality in commissioning?*

Commissioners have a role in promoting equality throughout the local health system through their contracts with providers to ensure that providers are aware of their duty under the Equality Act 2010 and that the service specifications for the commissioned services clearly sets out the requirements for protected groups where there is a need to do so.

Kingston CCG is responsible for commissioning community health services on behalf of the Kingston GP registered population in line with their health needs and to ensure that the services commissioned and provided are accessible and available to all those who are referred into them including those patients from protected groups, including carers.

The services commissioned are based on best practice evidence to ensure that the care and treatment delivered is effective and assessments consider the individual needs of patients within the context of best practice and outcomes. As well as deliver value for money.

Equality is promoted through the national contract framework – work to current legislation and service specifications - access, service delivery etc. The National NHS standard contract framework service condition SCI3 (Equity of access, equality and non-discrimination) outlines the requirements on providers to meet the Equality Act 2010.

Providers are expected to comply with the equality outcomes and demonstrate their compliance against these, through publication of an Annual Equality Duty Report as noted in the Particulars Schedule 6 part C reporting requirements.

Kingston's most significant community provider is Your Healthcare – a Community Interest Company who are commissioned to provide a wide range of community health services and they are subject to monthly performance reviews against agreed performance targets and Key Performance Indicators thus providing a mechanism for demonstrating compliance.

In addition the CCG undertake a range of service redesign (and review) projects for which an Equality Impact Assessment (EIA) will be undertaken to ensure new or adversary changing services do not impact on the protocol groups.

### 8.2 *Areas to Address*

The CCG has a mixed portfolio of community service agreements and contracts and a mixed economy of providers (some of these are sole practitioner) and therefore these agreements and specifications need to be reviewed in light of the Equality Outcomes requirements and updated as appropriate.

## **9 Mental Health Commissioning**

Sylvie Ford, Joint Mental Health Commissioning Lead

### *9.1 Why is it important to consider equality in commissioning?*

Commissioners promote equality through their contracts with providers to ensure that providers are aware of their duty under the Equality Act 2010.

Kingston's most significant Mental Health provider is South West London and St Georges NHS Mental Health Trust (SWLStG). Merton CCG, who is responsible for commissioning services from the Trust on behalf of Kingston, Richmond, Sutton, Merton and Wandsworth CCGs ensures that the services commissioned and provided are accessible and available to all those who are referred into them including those patients in any of the protected characteristic groups.

The services commissioned are based on best practice evidence to ensure that the care and treatment delivered is effective, assessments consider the individual needs of patients within the context of best practice and outcomes and the services deliver value for money.

Providers are expected to comply with the equality outcomes and demonstrate their compliance against these, through publication of an Annual Equality Duty Report as noted in the Particulars Schedule 6 Part C (Reporting Requirements) of the 2016/17 NHS Standard Contract with the provider.

SWLStG provides safe, effective and efficient mental health care and other services for the benefit of the communities it serves. The Trust is commissioned to provide a wide range of Mental health services from acute in-patient and out-patient services including children, adults and patients who have been through the criminal justice system. The Trust is subject to monthly performance reviews against agreed Key Performance Indicators thus providing a mechanism for demonstrating compliance.

In addition, there are monthly Clinical Quality Review Group (CQRG) meetings between SWLStG and the five CCGs. The CQRG is a platform to bring together clinical Mental Health Leads from each of the Boroughs and the provider and includes service user and carer representation, to discuss and make decisions on aspects of quality and safety.

Another significant service that Kingston CCG commissions is the Kingston Wellbeing Service (KWS) provided by Camden & Islington NHS Foundation Trust. The service is accessible to anyone who has a GP in the Royal Borough of Kingston and who has difficulties relating to mild to moderate anxiety or depression. The service puts emphasis on promoting better, more discreet access for different sectors of the community and patients in any of the protected characteristic groups.

Work is currently underway to improve access for marginalised groups, such as the large local Korean population, people with long-term conditions, those with sensory impairments, and others protected by Equality Act 2010.

Commissioners meet with the provider on a monthly basis and assess the service against a number of Key Performance Indicators thus providing a mechanism for demonstrating compliance.

## 9.2 *What are we doing to promote equalities?*

SWLStG presents their Equality and Diversity Toolkit to the CQRG. This is to provide assurances that there is no discrimination and that equality is promoted. This platform is then used for decisions to be made on what areas require focus. Actions are agreed and the implementation is monitored via the CQRG.

This year, Kingston CCG is assessing the KWS against the Equality Delivery System (EDS2). EDS2 aims to improve services for people who belong to vulnerable and protected groups. It is designed to measure NHS equality performance against four goals around equality, diversity and human rights. Within the four goals, there are 18 standards or outcomes, against which KCCG will be assessing and grading the KWS's equality performance.

## 9.3 *Areas to Address*

As commissioners we have set in place processes to ensure we are given the evidence to provide assurances that services are not discriminating against people in the protected characteristic groups. From the completion of the toolkit we will know which areas will be a priority for the following year.

## **10 Contracts and Tenders**

Julia Gosden, Director of Commissioning

### 10.1 *Why is it important to consider equality in tendering and contracting?*

Equality is important when contracting and tendering for health services to ensure that no part of the population is disadvantaged in terms of access and health outcomes. Where at all possible all contracts use the DOH contract template which includes specific sections around the responsibility of providers with respect to equality.

### 10.2 *What are we doing to promote equality?*

The contract transfer process is being used to risk assess all old contracts and has a systematic approach of equality inclusion for all new contracts. Patients and the public co-produce new service specifications and are included on the panels considering new tenders. All new contracts, tender documents and service specifications have an EIA completed.

The CCG uses the NHS Standard framework for all existing and newly awarded contracts, which promotes equality under service condition SC13 (Equity of access, equality and non-discrimination) outlines the requirements on providers to meet the Equality Act 2010.

### 10.3 *Areas to Address*

We still need to work on ensuring EIAs are completed appropriately. The CCG has a mixed portfolio of community service agreements and contracts and a mixed economy of providers (some of these are sole practitioner) and therefore these agreements and specifications need to be reviewed in light of the Equality Outcomes requirements and updated as appropriate.

## Appendix 1

### Equality Delivery System 2 External Grading Outcomes

- Sexual health Service – Kingston Hospital Foundation Trust
- Increasing Access to Psychological Therapies
- Early Intervention Service – SWL St George’s Mental Health Trust

<b>KHFT Sexual Health Service</b>	<b>Internal Grading</b>	<b>External Grading</b>	<b>Comments</b>
<b>EDS2 Outcome</b>			
<b>GOAL 1 – Better Health Outcomes</b>			
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<b>Achieving</b>	<b>Achieving</b>	
1.2 Individual people’s health needs are assessed and met in appropriate and effective ways	<b>Achieving</b>	<b>Achieving</b>	
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>Achieving</b>	<b>Achieving</b>	
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>Excelling</b>	<b>Achieving</b>	
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	<b>Excelling</b>	<b>Achieving</b>	
<b>Goal 2 – Improved Patient Access and Experience</b>			
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<b>Excelling</b>	<b>Achieving</b>	
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	<b>Excelling</b>	<b>Developing</b>	
2.3 People report positive experiences of the NHS	<b>Excelling</b>	<b>Achieving</b>	
2.4 People’s complaints about services are handled respectfully and efficiently	<b>Excelling</b>	<b>Developing</b>	

<b>EDS2 Outcome</b>	<b>Internal Grading</b>	<b>External Grading</b>	<b>Comments</b>
<b>IAPT Service</b>			
<b>Goal 1 – Better Health Outcomes</b>			
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<b>Achieving</b>	<b>Achieving</b>	
1.2 Individual people’s health needs are assessed and met in appropriate and effective ways	<b>Achieving</b>	<b>Achieving</b>	
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>Achieving</b>	<b>Achieving</b>	
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>Excelling</b>	<b>Achieving</b>	
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	<b>Developing</b>	<b>Developing</b>	
<b>Goal 2 – Improved Patient Access and Experience</b>			
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<b>Excelling</b>	<b>Achieving</b>	
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	<b>Achieving</b>	<b>Achieving</b>	
2.3 People report positive experiences of the NHS	<b>Developing</b>	<b>Developing</b>	
2.4 People’s complaints about services are handled respectfully and efficiently	<b>Achieving</b>	<b>Achieving</b>	

EDS2 Outcome	Internal Grading	External Grading	Comments
Early Intervention Service – SWL St. George’s Mental Health Trust			
<b>GOAL 1 – Better Health Outcomes</b> <b>Outcome Descriptions:</b> 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities 1.2 Individual people's health needs are assessed and met in appropriate and effective ways 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse 1.5 Screening, vaccination and other health promotion services reach and benefit all communities			
Age	Achieving	Developing	
Disability	Achieving	Developing	
Gender reassignment	Undeveloped	Undeveloped	
Marriage & civil partnership	Developing	Undeveloped	
Race including nationality and ethnic origin	Achieving	Developing	
Religion or belief	Developing	Undeveloped	
Sex	Developing	Undeveloped	
Sexual orientation	Developing	Undeveloped	
Pregnancy & maternity	Achieving	Developing	
<b>Goal 2 – Improved Patient Access and Experience</b> <b>Outcome Descriptions:</b> 2.1 People, carers and communities can readily access hospital, community health or primary care services, and should not be denied access on unreasonable grounds 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care 2.3 People report positive experiences of the NHS 2.4 People's complaints about services are handled respectfully and efficiently			
Age	Developing	Developing	
Disability	Developing	Undeveloped	
Gender reassignment	Developing	Undeveloped	
Marriage & civil partnership	Achieving	Undeveloped	
Race including nationality and ethnic origin	Developing	Undeveloped	
Religion or belief	Developing	Developing	
Sex	Achieving	Undeveloped	
Sexual orientation	Developing	Undeveloped	
Pregnancy & maternity	Achieving	Undeveloped	

## Appendix 2

### Equality Monitoring at Engagement Events

